

Independent Review Board

STATE OF WISCONSIN

MINUTES OF THE MEETING OF JANUARY 21, 2005

Attendance

Board Members: Chair Dr. Jay Gold; Vice-Chair Dr. Paul Millea; Jerry Popowski; Eileen Mallow; and Dr. David Zimmerman.

Bureau of Health Information and Policy Staff: Susan Wood, Director; Judith Nugent, Chief, Health Care Information Section; Wen-Jan Tuan; Kim Gonzalez; Al Nettleton; and Stacia Jankowski.

Others Present: Cindy Helstad, Wisconsin Medical Society; Robert Sommerfeld, Legislative Audit Bureau.

Call to Order

At 1:11 p.m., Dr. Jay Gold called the meeting to order. A quorum was deemed present.

Minutes of the November 12, 2004 meeting

Dr. David Zimmerman moved to approve the minutes, and Dr. Paul Millea seconded the motion. The motion passed, and the minutes were approved.

Election of Chair, Vice-Chair, and Secretary pursuant to § 1.05(1) of the Rules of Order and Procedure

Dr. Gold turned the chair over to Dr. Zimmerman for this portion of the meeting. Ms. Mallow made a motion to retain all officers in their current positions for another year. Dr. Millea seconded the motion, and the motion passed. Dr. Gold will remain chair, Dr. Paul Millea will remain vice-chair, and Jerry Popowski will remain secretary.

Review of data request form

Kim Gonzalez shared the revised form with the group, and summarized the new changes that appear on page 2 of the draft document distributed. These changes included the addition of the paragraph at the top and the question "Will a consultant/contractor be used to perform analysis on nonaggregated BHIP data?" Dr. Zimmerman asked if it was clear that consultants and contractors complete the information below this question on the form, although it states only "consultant." Ms. Judith Nugent explained that it was an issue of space, but could be added if the group thought that it was necessary. The group agreed it was not. Dr. Zimmerman asked Ms. Nugent if she was comfortable with this simple direct question. Ms. Nugent explained that BHIP staff typically ask additional questions in developing the data request, and this field is primarily used to ensure that BHIP is aware when a consultant or contractor is involved.

Public Health Council - update

Susan Wood explained that the charge of the Public Health Council is to advise the Governor, the Legislature, the Department, and the public on progress in achieving the goals of the State Health Plan 2010 and Wisconsin's preparedness for public health emergencies. The Council consists of 23 appointees and meets every other month. The Council has decided to form three subcommittees: the Executive, State Health Plan, and Preparedness committees. Ms. Wood explained that the Executive Committee met this week to get organized and set the agenda for the Council's next meeting. The next meeting will focus on developing the Council's vision, mission, strategies, and goals for the next three years. The Council has a broad range of membership, and its first meetings have been spent on educating and preparing the Council members. The Council's Web site is <http://publichealthcouncil.dhfs.wi.gov>, which went live this afternoon and will include the mission and strategies, as well as webcasts of the meetings.

Dr. Gold asked how this Council would interact with the IRB. Ms. Wood explained that the two have very different charges, but the Council may be interested at some point in what the IRB is doing.

Dr. Millea suggested that the pertussis epidemic could be used as a case example of how the public health system currently works. Ms. Wood indicated that she will inform Dr. Samadani, Council Chair, of this information.

Health Care Information Symposium - update

Ms. Wood updated the group on the status of the Health Care Information Symposium, which is now being referred to as the Health Care Information Colloquium. This event is scheduled for February 7, 2005, and is co-sponsored by the U.W. Medical School and the Department, and being managed by the Public Health and Health Policy Institute. There are 160 slots and nearly that many reservations, as well as options to broadcast this over the Internet. Ms. Wood explained that the focus is to educate participants about what is going on around the country, models for public/private partnerships in health care information, and what people are talking about in Wisconsin. Ms. Wood will make arrangements to register the IRB members for this event.

Ms. Wood also explained that the focus had been narrowed for this event. She explained that instead of having one large session for education, dialogue, and next steps, its focus was limited to a much more manageable session. The Public Health and Health Policy Institute is committed to a follow-up session based on the issues raised at this event.

Public Health Institute - update

Ms. Wood distributed an options report prepared for the Secretary and the Secretary's response to the committee that produced the report. This arose out of a direction to the Secretary's public health restructuring committee to explore options for a public health institute. Broad public input was requested, and received through four public forums conducted by Ms. Wood.

The Wisconsin Public Health Association (WPHA) proposed a think tank approach, which included speaking broadly across the state to assess interest and thoughts on such an institute. The Secretary has asked Ms. Wood to work with the WPHA, which is now working to establish a steering committee.

Representative Hines, Chair of the Wisconsin Assembly's public health committee, will be holding a hearing on February 9, 2005. An item of particular interest to the Legislature was option #4 in the options paper: the creation of a fund-raising/grant-seeking committee that would bring together experts from Wisconsin's two medical schools and the veterinary school to watch for federal grants for public health in order to bring more federal funds into the state.

Physician office visit (POV) data

Ms. Nugent reported that staff have been working on moving to a new Web-based data collection system, now scheduled for the end of February. They are in the process of testing the system, but have asked current POV data submitters to hold 2004 fourth-quarter data until the new system is ready.

Ms. Nugent also reported that the Legislative Audit Bureau (LAB) is auditing the POV data collection project. Robert Sommerfeld, a member of the legislative audit team, was present to answer any questions the IRB members may have about this audit. No questions were raised.

As a result of some of the questions asked by LAB, two data submitters were identified with high error rates for the second quarter of 2004 (11.5% and 30%). One submitter was processing updates to their records incorrectly, so the system was not accepting the corrections. The second provider was entering CPT codes that were not valid, resulting in the error. Ms. Nugent indicated that BHIP staff have been in contact with both to resolve these issues. Both submitters had affirmed the data prior to discovery of the errors, which allowed BHIP to release the data. The standard data sets have not been released, although two custom data requests were filled for the Wisconsin Medical School and the Alliance; both requests were approved by the IRB. The Medical School has not yet used the data, but the Alliance has. Ms. Nugent indicated that her staff are currently trying to identify the impact that these errors will have on the data used by the Alliance.

Ms. Nugent assured IRB members that she and her staff are working to institute practices that will prevent this type of error from occurring in the future.

Wen-Jan Tuan distributed a document showing the error rate by quarter. Dr. Gold noted that the second-quarter error rate for 2004 was three times the previous quarter's error rate. Mr. Tuan indicated that he estimates that the erroneous data from the two submitters comprised 10% of the total data. Dr. Zimmerman asked if this error affected the submitter's average office visit rate. Mr. Tuan said that there is no indication that the data submitted in error had any impact on the provider's average office visit rate.

Based on this discussion, Dr. Millea thinks that a caveat needs to be added to the reports defining how the error rate is determined and/or explaining that other errors cannot be identified (for example, that the correct procedure code is reported).

In discussing distribution of secure data for IRB review, it was decided that BHIP staff should explore options to ensure that the board has adequate time to review custom data requests. Ms. Wood mentioned the possibility of using the Health Alert Network, which is a secure network that allows specific individuals to view data on a need-to-know basis.

Data requests

Ms. Nugent reported that there were no new data requests for the IRB to consider, although her staff has been in contact with a number of people interested in pursuing custom data reports. She said that BHIP has not been actively marketing the availability of custom data requests, due to the focus on moving to the new system. Once that is complete, the data will be marketed.

Ms. Wood suggested that for purposes of complying with open meeting requirements, we should identify any custom requests in the open meeting notice. Ms. Mallow supported this. Any information received after the notice's posting date would not be considered until the next meeting. Dr. Zimmerman asked how much detail should be included in the open meeting notice. It was suggested that we include the requestor's name and a brief description of the data request. This will be incorporated into policy for future meetings.

Potential items for upcoming IRB meeting

- Based on the error data presented at the 1/21/05 meeting, what is the level of error that is acceptable, and what is considered adequate practice to get it to that level?

Next IRB meeting

The next meeting had been scheduled for March 18, 2005; however, Dr. Zimmerman has a conflict on that date. Therefore, the next meeting is to be rescheduled for a time and place to be determined. The IRB asked staff to work out the arrangements to ensure the meeting complies with the open meetings law.

Adjournment

Dr. Gold adjourned the meeting at 2:32 p.m.